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MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Child and Family Services

Child Protective Services Annual Report

Calendar Year 2019



Child Protective Services Annual Report

The following report provides a summary of the number of referrals to Child Protective Services, the number of unassigned referrals, and a series of detailed reports on the characteristics of the referrals that were assigned to caseworkers for assessment.

A referral is any written or verbal request for Child Protective Services intervention, in a family situation on behalf of a child, in order to assess or resolve problems being presented.

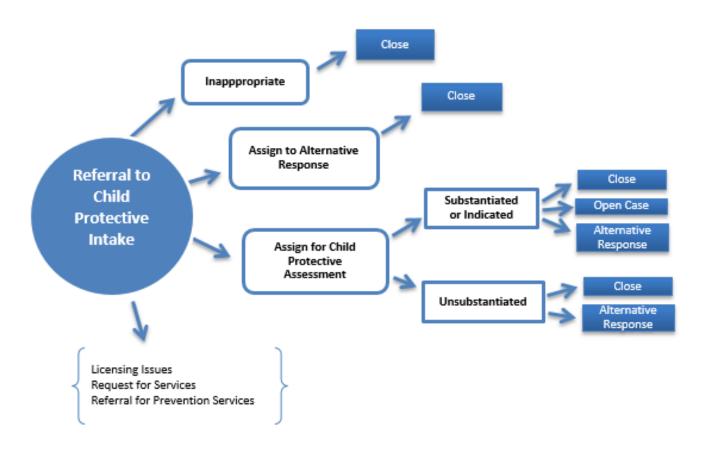
All county level data represents the county where the primary caregiver was residing at the time of the Intake referral.

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Title 22 MRSA, Chapter 1071, Subsection 4002 defines abuse or neglect as "a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child."

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A glossary of child protective terms is available for reference: https://www.maine.gov/dhhs/ocfs/documents/Glossar y%20of%20Child%20Welfare%20Terms.pdf



CALLS TO CHILD PROTECTIVE SERVICES

During calendar year 2019, the Department of Health and Human Services received 26,906 referrals for Child Protective Services intervention in a family situation. Most referrals are received through Child Protective Intake, though a small amount of reports are received within one of OCFS' eight District Offices. When reports are received, a decision is made regarding whether or not the report contains allegations of abuse and/or neglect per Title 22, Chapter 1071: Child and Family Services and Child Protection Act. If the report does not contain allegations of abuse or neglect per Maine state law, the report is not assigned (and is considered "inappropriate") for intervention. When reports contain allegations of abuse and/or neglect they are considered "appropriate" for intervention. Reports that are appropriate for intervention may be assigned for a child protective assessment or assigned to the Alternative Response Program (ARP).

Over the last few years several high-profile cases have increased in the collective awareness of Maine people regarding the child welfare system and the need to ensure all Maine children are safe. Maine's increase is not atypical as other jurisdictions have reported a similar trend of increased calls when public awareness of child welfare has increased. Despite the best efforts of our staff, the 37.5% increase in the number of reports from 2017 to 2019 has taxed our system in a number of ways, including increasing the workload for Intake and Assessment staff. In 2019 the Governor proposed, and Legislature approved, additional staff for child welfare, including Intake staff. Intake serves as the first point of contact between the public and CPS, and as a result is a critical link in the child welfare system. Furthermore, the information gathered during these calls is of critical importance to determining the disposition of the report (inappropriate or appropriate).

The following chart shows the number of reports received by county over the past three years. This includes inappropriate reports, reports assigned for alternative response, and those assigned for a child protective assessment.

NUM	IBER OF REFERRALS BY COUN	TY AND CALENDAR YEAR	₹
COUNTY	2017	2018	2019
Androscoggin	2199	2913	2827
Aroostook	1237	1526	1905
Cumberland	2612	3131	3514
Franklin	463	607	631
Hancock	596	735	816
Kennebec	2114	2545	2837
Knox	587	725	808
Lincoln	480	542	607
Oxford	1006	1168	1471
Penobscot	2638	3458	3762
Piscataquis	238	276	411
Sagadahoc	427	529	568
Somerset	1045	1362	1376
Waldo	654	901	881
Washington	474	640	633
York	2559	3359	3360
Unknown	79	10	142
Out of State	159	248	357
TOTAL	19,567	24,675	26,906

^{*}Excludes reports referred to Licensing, Out of Home Investigation Unit, Service Requests, and reports received where a case was already open and the information was not a new incident. County represents the county where the primary caregiver was residing at the time of the Intake referral.

INAPPROPRIATE REFERRALS

During calendar year 2019, **12,754** reports were deemed "inappropriate". Some examples of reports that would be deemed inappropriate include:

- Parent/child conflict: Children and parents in conflict over family, school, friends, or behaviors, with no allegations
 of abuse or neglect.
- Non-specific allegations: May be poor parenting practice but are not considered abuse or neglect under Maine Law.
- Conflicts over custody/visitation.
- Families in crisis: Due to financial, physical, mental health, or interpersonal problems, but there are no allegations
 of abuse or neglect.

The Department has published its Mandated Reporter Training, https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml. This training provides excellent guidance to mandated reporters and meets the statutory requirement that requires mandated reporters to be trained every four years.

In June of 2019, OCFS modernized the software that supports Intake and implemented a new call routing system that prioritizes calls reporting child abuse and neglect and increased the accessibility of Intake to members of the public. Changes included, redesigned call flows to give abuse and/or neglect-related calls priority, improved treatment of callers in the queue by offering an opt out voicemail option, and first-in-line capability which monitors wait times and asks the called if they would prefer to continue waiting or have the system call them back when they reach the top of the queue. These changes resulted in a marked increase in the percentage of calls answered live and a corresponding decrease in the number of abandoned calls.

The following is the breakdown of inappropriate reports received by county over the past three years.

COUNTY	2017	2018	2019
	(2012年) (2013年)	2000A3	######################################
Androscoggin	786	1289	1185
Aroostook	539	699	872
Cumberland	1212	1508	1669
Franklin	223	298	275
Hancock	288	328	388
Kennebec	972	1226	1340
Knox	262	358	391
Lincoln	195	243	287
Oxford	443	522	664
Penobscot	1143	1720	1888
Piscataquis	106	135	191
Sagadahoc	209	257	267
Somerset	468	660	644
Waldo	312	440	399
Washington	222	302	275
York	1151	1597	1533
Unknown	79	10	142
Out of State	158	239	344
TOTAL	8,768	11,831	12,754

ALTERNATIVE RESPONSE

The Department maintains contracts with private agencies to provide an alternative response to reports of child abuse and neglect when the allegations are considered to be of low to moderate severity.

In 2019, **2,066** reports were assigned to a contract agency for alternative response at the time of initial report. Referrals are also made to alternative response programs at the conclusion of a child protective assessment or case with a family, when ongoing services and support are deemed necessary. 2019 brought increased public scrutiny of ARP. OCFS has worked continually with providers to ensure they are providing the highest quality services possible through our contracts with them. In 2019 we also undertook efforts to begin Maine's implementation of the Federal Family First Prevention Services Act, which will include the development of a Maine-specific prevention plan for evidence-based services that are intended to prevent the need for further child welfare involvement with a family. OCFS is continuing this work in 2020. It remains to be seen what place ARP will have in OCFS' array of prevention services available to families.

The following chart shows the number of reports assigned for alternative response at the time of the referral to Intake.

COUNTY	2017	2018	2019
Androscoggin	312	369	371
Aroostook	203	178	199
Cumberland	244	343	380
Franklin	79	81	77
Hancock	57	86	85
Kennebec	171	111	74
Knox	77	13	41
Lincoln	67	10	20
Oxford	163	148	187
Penobscot	199	182	305
Piscataquis	22	21	32
Sagadahoc	72	9	51
Somerset	115	41	11
Waldo	104	19	33
Washington	37	38	70
York	263	139	129
TOTAL	2,185	1,788	2,066

^{*}County represents the county where the primary caregiver was residing at the time of the Intake referral.

One (1) referral listed the primary caregiver's address as out of state.

REFERRALS FOR CHILD PROTECTIVE SERVICES

There were **11,066** reports involving **14,448** children assigned to a caseworker for a child protective assessment during calendar year 2019.

The increase in calls to the Intake unit caused a corresponding increase in the number of assessments. This increase of nearly 3,800 assessments (a 52% increase) from 2017 to 2019 strained the child welfare system. Each assessment typically involves a number of interviews and meetings with the family, gathering of information and records, following-up with service providers, etc. Conducting thorough, high-quality assessments takes the time, attention, and dedication of the assigned caseworker. An additional 33 field caseworker positions were included in the State budget enacted in 2019. These positions were effective 9/1/2020. By late fall 2019, all 33 positions had been filled.

In 2019, OCFS also received new positions to support Intake and the newly formed Background Check Unit. These staff do not conduct field work, but they serve as a critical source of support for field staff, reducing their workload and ensuring field staff have the information needed to make well informed child and family safety decisions.

The following is the breakdown by county* of reports assigned for a child protective assessment.

Waldo Washington	160	254	413 245
Somerset	406 199	598 394	650
Sagadahoc		244	232
Piscataquis	92	107	172
Penobscot	1017	1440	1417
Oxford	333	434	557
Lincoln	200	266	275
Knox	220	317	336
Kennebec	884	1128	1322
Hancock	217	295	313
Franklin	150	220	254
Cumberland	1028	1195	1376
Aroostook	418	575	761
Androscoggin	810	1103	1131
COUNTY	2017	2018	2019

^{*} County represents the county where the primary caregiver was residing at the time of the Intake referral. For families that were out of state residents, the county above is that where the incident occurred while they were in Maine.

The following is the breakdown by county and age group of the alleged victims associated with the reports assigned for a child protective assessment over the past three years.

		20	17			20	018			20	19	
	Age Group			Age Group			Age Group					
COUNTY	0-4	5-9	10-14	15-17	0-4	5-9	10-14	15-17	0-4	5-9	10-14	15-17
Androscoggin	532	450	288	100	655	592	427	149	653	618	479	168
Aroostook	288	199	154	49	396	309	247	67	477	407	299	109
Cumberland	589	513	366	123	529	583	503	186	605	682	583	232
Franklin	101	98	50	19	126	112	80	25	156	136	127	34
Hancock	165	93	69	25	174	149	102	39	221	150	103	42
Kennebec	544	470	357	124	600	615	430	156	689	665	535	211
Knox	137	107	72	28	169	180	115	37	171	178	140	37
Lincoln	146	82	84	21	137	137	108	47	125	131	126	36
Oxford	214	167	121	42	225	235	196	67	314	282	232	90
Penobscot	665	503	334	100	854	734	532	173	786	716	549	211
Piscataquis	61	36	34	18	62	47	50	11	115	63	86	39
Sagadahoc	70	61	57	19	103	115	107	33	107	117	112	37
Somerset	243	222	194	50	300	292	313	118	325	306	333	120
Waldo	124	127	77	20	184	207	171	64	247	208	140	52
Washington	103	75	64	20	124	131	101	37	145	115	96	37
York	563	507	407	126	814	788	670	235	817	777	653	263
TOTAL	4545	3710	2728	890	5452	5226	4152	1444	5953	5551	4593	1718

*Children may be counted multiple times if more than one report was received in the year. There were 14,448 unique children in calendar year 2019.

The majority of children associated with reports assigned for assessment are between 0 and 10 years of age. A primary focus of the Department and the re-established Children's Cabinet is high-quality early care and education. Accessible and available high-quality child care is considered to be one of the most effective protective factors in preventing child abuse and neglect and strengthening families. In 2019, the Children's Cabinet developed a plan including short- and long-term strategies to improve the lives of young children in Maine. OCFS has spearheaded several of these initiatives including:

- Streamlining, simplifying, and raising awareness regarding the eligibility process for the Child Care Subsidy Program (CCSP);
- Offering weekly stipends of \$100 to providers caring for infants who receive CCSP (in recognition of the high cost of providing high-quality infant care);
- Increasing the amount paid to providers participating in CCSP that have obtained certain quality ratings on the Quality Rating and Improvement System (QRIS) who are serving infants and toddlers;
- Providing scholarships to help students with low and moderate income attain associates and bachelor's degrees in early childhood education; and
- Providing mini-grants to child care programs to improve quality and rating on the QRIS and provide start-up mini
 grants to existing or new child care programs to create new slots, particularly in rural areas.

OCFS worked throughout 2019 on these initiatives and work has continued into 2020, with most scheduled to begin in early July of this year.

REFERRAL SOURCE OF ALL REPORTS RECEIVED

The following is a breakdown of the report source, (i.e. "Referent") for reports received*. Mandated reporters are required by law to provide their name and information about their professional relationship with the family, though they can ask that their name be kept confidential from the family. The Department has published its Mandated Reporter Training, https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml, which all mandated reporters are required to complete at least once every four years (see 22 M.R.S.A. §4011-A(9)).

In 2019, law enforcement and school personnel were the two groups which reported suspected abuse or neglect most frequently. The Children's Cabinet brings together the Departments of Health and Human Services, Public Safety, Labor, Education, and Corrections. This is vitally important work because the Cabinet represents a common and continuous link among different areas of state government that impact children and their families. The Cabinet continues to provide a forum for collaboration toward systemic improvements that benefit Maine's children, including any needed improvements related to mandated reporting.

REFERRA	L SOURCE - ALL REPORT	S	
REFERRAL SOURCE	2017	2018	2019
Anonymous	8%	7%	7%
Child Care Personnel	1%	1%	1%
Law Enforcement Personnel	15%	15%	15%
Medical Personnel	15%	13%	13%
Mental Health Personnel	11%	10%	9%
Neighbor/Friend	4%	4%	4%
Other	0%	0%	0%
Relative	5%	5%	5%
School Personnel	21%	22%	22%
Self/Family	10%	10%	10%
Social Services Personnel	9%	12%	13%

REFERRAL SOURCE OF REPORTS ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT

REFERRAL SOURCE	2017	2018	2019
Anonymous	7%	7%	7%
Child Care Personnel	1%	1%	1%
Law Enforcement Personnel	22%	20%	19%
Medical Personnel	15%	11%	12%
Mental Health Personnel	10%	9%	8%
Neighbor/Friend	4%	4%	4%
Other	0%	0%	0%
Relative	5%	6%	5%
School Personnel	18%	22%	22%
Self/Family	7%	8%	8%
Social Services Personnel	10%	13%	13%

HOUSEHOLD TYPE/LIVING ARRANGEMENT OF FAMILIES ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT

When receiving reports of suspected abuse/neglect, OCFS documents information regarding the living arrangement of each family/household. For example, a two parent, unmarried family may include a biological parent and his/her live-in partner who is also a caretaker to the child(ren). A one parent female/male family would be a household with a single parent caring for the children. A relative household type would be chosen when grandparents, aunt/uncle, etc. are the caregiver for a child. A non-relative household type would be selected when children are being cared for by a person not related to them.

The following chart shows the living arrangement at the time of the receipt of the Intake report for those reports that were assigned for a child protective assessment.

Household Type/Living Arrangement	2017	2018	2019
Two Parent Married	19%	20%	19%
Two Parent Unmarried	35%	32%	33%
One Parent Female	33%	31%	31%
One Parent Male	9%	12%	13%
Adoptive Home	1%	1%	1%
Relative	3%	3%	3%
Non Relative	0%	0%	0%
Other	0%	0%	0%

This data reflects that child protective services becomes involved with families from a variety of life circumstances. There is no "typical" family our staff work with. Each assessment is different based on the information contained in the report and that which is gathered during the assessment. When this data is looked at in conjunction with the data regarding the increase in assessments during 2018 and 2019, it becomes evident why it is critical that our district offices have sufficient staff to complete thorough and timely assessments and make recommendations regarding services and/or further child protective involvement for the family.

A significant portion (44%) of the families assessed by child protective services in 2019 were single parent households. This statistic further reinforces the value of accessible high-quality child care to ensure that parents have the support necessary to attend work or school. Key to the accessibility of child care is the Child Care Subsidy Program (CCSP) which provides subsidy payments for child care while parents are employed or pursuing education and/or career training. OCFS, in conjunction with the Children's Cabinet, continues to focus on increasing the accessibility and quality of child care with the goal of increasing protective. This increase will improve the lives of Maine's children and may lead to a decrease in the need for child protective services involvement by improving family functioning.

OCFS is also devoting significant resources to implementation of the Family First Prevention Services Act, a federal law which, once implemented, will allow Maine to claim federal reimbursement for evidence-based services meant to ensure children can remain safely with their parents, avoiding the need for intrusive child welfare involvement into a family's life. OCFS plans to fully implement Family First by October of 2021.

The following shows the percentage of assessments where one of the following risk factors were found during the assessment. Each assessment may have several risk factors (as a result totals will exceed 100%.

RISK FACTOR	2019
Parent Caregiver Risk Factors	
Abandonment	0%
Caretaker's alcohol use	7%
Caretaker's drug use	9%
Caretaker's significant impairment - cognitive	1%
Caretaker's significant impairment - physical/emotional	3%
Death of caretaker	0%
Educational neglect	1%
Emotional or Psychological abuse	9%
Failure to return	0%
Incarceration of caregiver	2%
Medical neglect	1%
Neglect	14%
Parental immigration detainment or deportation	0%
Physical abuse	7%
Sexual abuse	2%
Voluntary relinquishment for adoption	0%
Child Risk Factors	
Child requested placement	0%
Child's accidental ingestion	0%
Child's alcohol use	0%
Child's diagnosed condition	9%
Child's drug use	1%
Child's severe behavior problem	4%
Prenatal alcohol exposure	0%
Prenatal drug exposure	2%
Runaway	0%
Sex trafficking	0%
Whereabouts unknown	0%
Family/Environmental/Other Risk Factors	
Domestic Violence	10%
Family conflict related to child's sexual orientation/gender identity/gender expression	0%
Homelessness	1%
Inadequate access to medical services	0%
Inadequate access to mental health services	1%
Inadequate housing	1%
Public agency title IV-E agreement	0%
Tribal title IV-E agreement	0%

The risk factors with the greatest prevalence are domestic violence and drug/alcohol use. This data reinforces the importance of Maine focusing on resources and support for domestic violence and substance use disorder treatment services throughout the state. The Governor's proposed increase in funding for domestic violence and sexual assault-

related services was implemented in 2019 and her administration has dedicated significant energy and resources to focusing on the opioid crisis and the availability of treatment options for all types of substance use.

Within OCFS, domestic violence liaisons in each district office assist staff in navigating domestic violence-related issues in child welfare matters. OCFS also continues to partner with stakeholders throughout the child welfare system on improving the response to both domestic violence and substance use. In early 2019, the Judicial Branch held a statewide conference focused on the impact of domestic violence and substance use in child welfare cases. This training was attended by OCFS staff, Judicial Branch staff, staff from the Office of the Attorney General, Judges, Justices, Parents' Attorneys, Guardians ad Litem, and Court Appointed Special Advocates.

Issues related to children's mental and behavioral health were also noted in a significant number of assessments in 2019. In 2019 the Department developed and implemented a plan to improve the Children's Behavioral Health system of care. The goals of the initiative are to increase family engagement, empowerment, and well-being; ensure children are receiving the right services at the right time and for the right duration; and allowing children to remain safely with their family. Under this plan efforts have been undertaken to revise the waitlist process, improve the coordination in transitioning services from the children's system to the adult system, and hiring a full-time on-site OCFS medical director (in early 2020, OCFS hired Dr. Adrienne Carmack as medical director).

OCFS is also partnering with the Children's Cabinet on several of its initiatives geared towards older youth in Maine. Specifically, OCFS has developed and is in the process of implementing a training program for Maine therapists in the evidence-based Trauma-Focused Cognitive Behavioral Therapy (TFCBT) treatment program. 180 Maine clinicians will be trained under this program which will allow for national certification in TFCBT with the goal of increasing the availability of high-quality clinicians delivering evidence-based treatment throughout the state. OCFS is has also developed a pilot of crisis aftercare services that will be implemented in Aroostook County during 2020. The goal of this pilot is to study the effectiveness of high-quality aftercare services to support youth and their families as the youth transitions back to their home from a crisis stay. OCFS is seeking to determine whether aftercare services increase the percentage of children who are able to remain safely in their home after a period of crisis (versus requiring the utilization of a higher level of care like a residential treatment program or additional crisis stay), as well as providing support to parents and caregivers who are working to meet the child's needs once discharged from crisis.

COMPLETED ASSESSMENTS

Below are outcomes for assessments completed in calendar year 2018 and 2019, showing the number of completed assessments which resulted in a finding of abuse or neglect (substantiated or indicated), or no findings (unsubstantiated).

2019 saw an increase in the number of assessments completed by child welfare staff. Not every assessment that is completed results in a finding of abuse or neglect. Assessment caseworkers work diligently to meet with the family and collateral contacts, conduct interviews, gather information and records, etc. in an effort to investigate the allegation(s) of abuse or neglect. The outcome of the assessment, whether abuse or neglect is found or not, can have a profound impact on the life of a family. Maine benefits from the leadership of a Governor and administration that recognize the impact child welfare involvement can have for a child and their family. Governor Mills championed the addition of 33 frontline caseworkers who were hired in 2019. These additional staff have begun the work of addressing the increase in the number of reports, assessments, and cases with a continued emphasis on quality throughout the child protective system.

In 2019 OCFS also implemented a Cooperative Agreement with the Muskie School of Public Service at the University of Southern Maine. The focus of this agreement is on improving OCFS' child welfare policies and trainings. Muskie staff have considerable experience in child welfare in jurisdictions throughout the country. They have been tasked with reviewing and updating policies, as well as streamlining the navigability of OCFS' policies for ease of reference. Muskie staff are also partnering with OCFS' to update the trainings available in order to maximize child welfare staff engagement and learning. This includes improvement to training for new workers, as well as ongoing trainings available for more experienced OCFS staff.

COUNTY		2018			2019	
	# Assigned	# Substantiated/ Indicated	#Unsubstantiated	# Assigned	# Substantiated/ Indicated	#Unsubstantiated
Androscoggin	1103	263	840	1131	270	861
Aroostook	575	167	408	761	213	546
Cumberland	1195	245	950	1374	258	1115
Franklin	220	48	172	254	81	173
Hancock	295	105	190	313	111	202
Kennebec	1128	363	765	1319	345	972
Knox	316	57	259	336	76	260
Lincoln	266	51	215	275	42	232
Oxford	434	96	338	557	155	402
Penobscot	1433	400	1034	1416	433	981
Piscataquis	107	27	80	172	55	116
Sagadahoc	244	30	214	232	48	184
Somerset	598	186	412	648	262	385
Waldo	394	75	319	413	99	312
Washington	243	69	174	245	56	188
York	1548	483	1065	1611	504	1106
State	10100	2665	7435	11066	3008	8058

^{*}County represents the county where the primary caregiver was residing at the time of the Intake referral.

ASSESSMENT FINDINGS RATE

The following shows the percentage of assessments completed where findings of abuse or neglect were substantiated or indicated by county for the past three years.

The findings rate has held relatively steady over the last three years, despite the significant increase in the number of assessments in 2018 and 2019. This data is an important metric in evaluating the impact that the increase in the number of assessments has had on our system. The increase has put stress on the system and increased caseloads for staff. Despite this, due in large part to the dedication and commitment of staff, there has not been a significant reduction in the number of cases where abuse or neglect was found.

This data also indicates that as the number of appropriate reports to OCFS has increased, the quality of those reports has appeared to stay relatively consistent (i.e. the Department is not receiving a significantly larger quantity of reports that are deemed appropriate for report, but where abuse and/or neglect is not found at the conclusion of the assessment).

This data is also helpful in identify geographic areas where findings are made at a higher than average rate. Using this data, the reasons for these variances can be explored and addressed, including those which are related to geography (availability of services in a particular area) or the culture of a particular district office.

	ASSESSMENT FIND	INGS RATE	
COUNTY	2017	2018	2019
Androscoggin	28%	24%	24%
Aroostook	32%	29%	28%
Cumberland	24%	21%	19%
Franklin	25%	22%	32%
Hancock	38%	36%	35%
Kennebec	35%	32%	26%
Knox	20%	18%	23%
Lincoln	33%	19%	16%
Oxford	26%	22%	28%
Penobscot	27%	28%	31%
Piscataquis	28%	25%	32%
Sagadahoc	25%	12%	21%
Somerset	37%	31%	41%
Waldo	20%	19%	24%
Washington	42%	29%	23%
York	33%	31%	31%
TOTAL	30%	26%	27%

^{*}County represents the county where the primary caregiver was residing at the time of the Intake referral.

CHILD ABUSE AND NEGLECT VICTIMS BY ABUSE TYPE

The following report shows the victims by age group and type(s) of abuse found during the child protective assessment for the past three years. Children may be counted multiple times if they were the victim of more than one abuse type in a given assessment, or the victim in separate assessments during the calendar year.

		2017		
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	62	456	1037	271
5-9	97	306	646	407
10-14	104	210	412	385
15-17	35	51	102	104
Total	298	1023	2197	1167
	*	2018		5 6
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	47	568	1180	324
5-9	95	342	772	515
10-14	107	251	567	499
15-17	56	83	132	159
Total	305	1244	2651	1497
	-	2019		-
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	70	575	1301	357
5-9	107	418	879	566
10-14	145	274	667	563
15-17	47	101	191	164
Total	369	1368	3038	1650

The data reflects 37% increase in the number of findings made from 2017 to 2019. Some of this is likely due to the significant increase in the number of assessments in 2018 and 2019, but it is also worth noting there was a 28% increase in findings of neglect, a 33% increase in the findings of physical abuse, and a 41% increase in findings of emotional abuse from 2017 to 2019. These two finding categories are those most often associated with parental substance use. For example, parents who are under the influence and are unable to provide safe and appropriate supervision of their children, resulting in a neglect and/or a physical abuse finding; or exposure to unsafe individuals or situations, resulting in an emotional abuse finding.

The Department continues to focus resources and energy on combating the opioid epidemic, as well as other types of substance use, across the state. As the availability of treatment services increases it will simplify the process of accessing treatment. Parents who are able to successfully engage in substance use disorder treatment eliminate one of the primary risk factors for child protective involvement in their family's life.

The Federal government recognized the impact of parental substance use on children and families and has made evidence-based services related to parental substance use one of the primary focuses of the Family First Prevention Services Act. As OCSF continues the work of implementing Family First in Maine, the agency will continue to use data to drive decision making, focusing state and federal resources on evidence-based programming likely to have the biggest impact on children and families in Maine.